



# Claude Moore Recreation Center

Loudoun County Parks, Recreation and Community Services

## Rock Wall Participation and Release Agreements

*Please print*

**Adult's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Initial Below*

\_\_\_\_ I HEREBY GIVE PERMISSION for myself/my child to participate in indoor rock climbing activities at CMRC. I am aware that the sport of climbing, the use of a climbing wall and climbing equipment pose potentially serious risks of injury. I understand that I may be injured as a result of my negligence, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged.

\_\_\_\_ I DO HEREBY FOREVER DISCHARGE, RELEASE, INDEMNIFY AND HOLD HARMLESS the County of Loudoun and the PRCS, their officers, servants and employees against any and all claims of property damage or injury to myself, my child or others arising as a result of mine or my child's participation in this activity.

\_\_\_\_ I KNOWINGLY AND FREELY ACKNOWLEDGE AND ASSUME ALL RISKS, including but not limited to the risk of bodily injury or property damage. I assume full responsibility for my participation and use of the CMRC rock wall.

\_\_\_\_ I AGREE TO COMPLY with all the posted rules and regulations for the Rock Wall at CMRC.

**I have carefully read this participant agreement and fully understand its terms.**

**Participant/Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Helmet waiver (optional)

I, the undersigned, recognize the dangers inherent with climbing activities and assume the hazard of this risk upon myself/my child. I realize no form of preplanning can remove all the danger to which I am exposing myself. I have been offered a protective helmet, which could prevent brain damage in the case of an accident. Against the advice of CMRC, PRCS, the County of Loudoun, and its insurers, I am refusing this safety precaution for myself/my child.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Parent/Guardian's Signature**

### For Participants under the Age of 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, hereby accept the above assumption of risk and hereby release and agree to indemnify and hold harmless CMRC from any and all liabilities incident to my minor's involvement or participation in any use of the CMRC rock wall. I have discussed the inherent dangers of rock climbing with my child and fully understand the risks involved.

**Child's FULL Name** (please print) \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Mother** ☐ **Father** ☐ **Guardian** ☐